03500.015701.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application	of:)	Examiner: Edgardo Ortiz	Home	1
кол оло)	Group Art Unit: 2815		
Appln. No.: 09/938,571) :			
Filed: August 27	7, 2001)			
For: SOLID- DEVICE	STATE IMAGE PICKUP)	June 26, 2003		

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of March 26, 2003, please amend the above-identified application as follows. Changes to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 8.

I hereby certify that this correspondence is being facsimile tra the United States Patent and Trademark Office

(Fax No.) (703) 308-7382 on

June 26, 2003 (Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)
(Name of Altomey for Applicants)

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In re Application of:

Docket No. 03500.015701.

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KOJI ONO

Appln. No.: 09/938,571

Examiner: Edgardo Ortiz

Filed: August 27, 2001

Group Art Unit: 2815

For: SOLID-STATE IMAGE PICKUP DEVICE

Date: June 26, 2003

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

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X No additional fee is required.

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The fee has been calculated as shown below

			CLAIMS AS AM	ENDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	** 20 ·	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	***	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280					\$0.00	
			TOTAL ADDIT			\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

[&]quot;Verified Statement claiming small entity status is enclosed, if not filed previously.

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	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
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	A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.
	Attorney for Applicant Leonard P. Diana Reg. No. 29,296
30 R	PATRICK, CELLA, HARPER & SCINTO ockefeller Plaza York, New York 10132-3801
NY_MA	IN 355696 v1
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Page	2 of 2 (06/26)

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FACSIMILE COVER SHEET

TO: Examiner Edgardo Ortiz U.S. Patent and Trademark Office (Group Art Unit 2815) Leonard P. Diana (Reg. No. 29,296) FROM: RE: U.S. Patent Appln. No. 09/938,571 Our Ref.: 03500.015701. (703) 308-7382 FAX NO.: NO. OF PAGES: DATE: June 26, 2003 /3 (including cover page) SENT BY: TIME:

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